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Limits: **Publication Date to 1996/05/07**

1: J Pak Med Assoc. 1995 Oct;45(10):269-71.

Prevalence of antibody to hepatitis C virus in Pakistani thalassaemics by particle agglutination test utilizing C 200 and C 22-3 viral antigen coated particles.

Bhatti FA, Amin M, Saleem M.

Department of Pathology, AFIT and AFIP, Rawalpindi.

Exposure to hepatitis C virus (HCV) and its effect on ALT levels was studied in 35 transfusion dependent cases of thalassaemia major. Twenty-one (60%) cases were anti HCV positive and also showed raised Alanine Transaminase (ALT) levels. Of 14 anti HCV negative, Hepatitis B Surface Antigen (HBs Ag) negative seven showed raised ALT levels, indicating the chances of acute viraemia. Thus there is an urgent need to start anti HCV screening on all blood donations.

PMID: 8714623 [PubMed - indexed for MEDLINE]

1: Nippon Sanka Fujinka Gakkai Zasshi. 1992 Oct;44(10):1255-60. Related Articles, Links

[The positive rate of hepatitis C virus antibody detected by the second generation method in pregnant women and influence of pregnancy and delivery on HCV infection]

[Article in Japanese]

Ogasawara M, Mizokami M, Suzuki K, Kinbara T, Aoki K, Yagami Y.

Department of Obstetrics and Gynecology, Nagoya City University Medical School.

The C100-3 antibodies to HCV can be examined with a Chiron kit but only the antibody to non-structure-4 can be. The antibodies in sera of pregnant women were examined by a passive hemagglutination method (PHA), which is one of the second generation kits used in detecting antibodies to the hepatitis C virus. We studied the percentage of pregnant women in our hospital with antibodies to HCV, and tried to compare the C100-3 antibodies with PHA results in pregnant women. The results are as follows. 1) In the sera of 235 pregnant women both the PHA antibody and the C100-3 antibody were examined. Two women (0.85%) had the C100-3 antibody and 4 (1.7%) had the PHA antibody. 2) Two women positive for both PHA and C100-3 antibodies were positive for PCR during pregnancy. But 2 women positive for PHA only were negative for PCR during pregnancy and positive after delivery. So 4 women positive for PHA had HCV RNA. 3) Next, the sera of 1,198 pregnant women were examined by the PHA method, and nine women were positive. Only four of the 9 were positive for C100-3. 4) It is speculated that the positive rate for anti-HCV antibodies in the sera of pregnant women in Nagoya city is 0.75%. 5) There were 3 cases that were negative for PCR during pregnancy and positive after delivery. So it is speculated that HCV can be activated after delivery.

PMID: 1331274 [PubMed - indexed for MEDLINE]

1: Am J Gastroenterol. 1994 Nov;89(11):2019-24.

Hypocomplementemia associated with hepatitis C viremia in sera from voluntary blood donors.

Itoh K, Tanaka H, Shiga J, Hirakawa K, Akahane Y, Tsuda F, Okamoto H, Miyakawa Y, Mayumi M.

Japanese Red Cross Yamaguchi Blood Center, Yamaguchi, Japan.

OBJECTIVES: Hepatitis C virus (HCV) infection induces extra-hepatic manifestations, most of which are considered to be mediated by circulating immune complexes. For evaluating this association in a wider perspective, complement activity was determined in sera from apparently healthy individuals, and hypocomplementemia was tested for correlation with HCV viremia. METHODS: Sera from 10,532 voluntary blood donors were stored at 4 degrees C overnight, serially diluted 2-fold, and tested for hemolytic activity by a microtitration method and antibody to HCV (anti-HCV) by passive hemagglutination with recombinant HCV antigens of the second generation. HCV RNA was determined in sera with anti-HCV or hypocomplementemia, or both, by polymerase chain reaction with nested primers deduced from the 5'-noncoding region of the HCV genome. RESULTS: Hypocomplementemia was detected in 53 (0.5%) of 10,532 donations and anti-HCV in 94 (0.9%). Anti-HCV was detected in 48 (91%) of the 53 sera with hypocomplementemia, more frequently than in 46 (0.44%) of 10,479 sera without ($p < 0.001$). Among 94 sera positive for anti-HCV, HCV RNA was detected in 45 (94%) of 48 sera with hypocomplementemia, more often than in 10 (22%) of 46 sera without ($p < 0.001$). CONCLUSIONS: A close association of hypocomplementemia with HCV viremia among apparently healthy blood donors would reflect circulating immune complexes which may cause extrahepatic diseases, such as cryoglobulinemia and membranoproliferative glomerulonephritis, in some HCV carriers. The storage of sera from HCV carriers at 4 degrees C before the test would have contributed to a decreased hemolytic activity due to the cold activation of complement by cryoglobulins involving HCV.

PMID: 7524311 [PubMed - indexed for MEDLINE]

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1: Vox Sang. 1993;65(3):199-203. Related Articles, Links

Predictive value of screening tests for persistent hepatitis C virus infection evidenced by viraemia. Japanese experience.

Watanabe J, Matsumoto C, Fujimura K, Shimada T, Yoshizawa H, Okamoto H, Iizuka H, Tango T, Ikeda H, Endo N, et al.

Japanese Red Cross Central Blood Center, Tokyo, Japan.

In November 1989, Japanese Red Cross Blood Centres started screening for hepatitis C virus (HCV) with enzyme-linked immunosorbent assay (Elisa) for the C100-3 viral peptide as the first such nationwide programme in the world. Thereafter post-transfusion non-A non-B hepatitis (PTNANBH) was reduced by 61-80%, but this was not as complete a success as our programme to prevent post-transfusion hepatitis B by screening for high titer hepatitis B core antibody, which we began in the same period. In order to acquire more effective control of PTNANBH, the HCV core-related antigen (GOR, N14) and second-generation Elisa (Ortho2, Abbott2) and second-generation antigen agglutination (PA, PHA) tests have been employed. Among 16,500 donors in 11 blood centers, 365 were serologically positive by at least one of these tests. Among these, HCV RNA was detected in 138 units and the remaining 227 were HCV RNA negatives. The effectiveness of these serological tests to detect HCV RNA-positive status were analyzed. Passive haemagglutination and particle agglutination (PHA and PA) tests were highly effective to predict HCV viraemia among blood donors. Also, these tests can easily determine antibody titre. By either PHA or PA, all units with > or = 2(12) agglutination titre (120 and 122 units) were HCV RNA positive and all agglutination-positive units with serum alanine aminotransferase level higher than 35 Karmen units were HCV RNA positive.(ABSTRACT TRUNCATED AT 250 WORDS)

PMID: 7504373 [PubMed - indexed for MEDLINE]